



USAID | HEALTH POLICY
FROM THE AMERICAN PEOPLE INITIATIVE VIETNAM



ANNUAL PERFORMANCE REPORT HEALTH POLICY INITIATIVE VIETNAM

COP09/FY10, from October 2009 through September 2010

Submitted to:

United States Agency for International Development (**USAID**)/Vietnam

Submitted by:



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October 29, 2010

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ACRONYMS

A2	Analysis & Advocacy
AEM	Asian Epidemic Model
ARV	Antiretroviral
BU	Boston University
CCLPHH	Center for Consulting on Law and Policy on Health and HIV/AIDS
CCPE	Central Party Commission on Popularization and Education
CCRD	Center for Community Health Research and Development
CHP	Center for Community Health Promotion
COHED	Center for Community Health and Development
CUP	Condom Use Program
DCs	District coordinators
DDM	Data use for Decision Making
DOLISA	Department of Labor, Invalid and Social Affairs
DPM	Deputy Prime Minister
EE	Entertainment Establishment
FHI	Family Health International
FSW	Female Sex Worker
HAPSAT	HIV/AIDS Program Sustainable Analysis Tool
HCMA	Ho Chi Minh Academy for Politics and Administration
HCMC	Ho Chi Minh City
HNAA	Hanoi HIV/AIDS Prevention Association
HPI	Health Policy Initiative Vietnam
IBBS	Integrated Bio-Behavioral Surveillance
IDUs	Injecting Drug Users
IEC	Information-Education-Communication
ISD	Innovative Soft Development
ISDS	Institute for Social Development Studies
M&E	Monitoring and Evaluation
MARPs	Most At Risk Populations
MMT	Methadone maintenance treatment
MOCI	Ministry of Communication and Information
MOCST	Ministry of Culture, Sport, and Tourism
MOH	Ministry of Health
MOJ	Ministry of Justice
MOLISA	Ministry of Labour, Invalids and Social Affairs
MOPS	Ministry of Public Security
MSM	Men who have Sex with Men
NASA	National AIDS Spending Assessment
NGOs	Non-government Organizations
NHA	National Health Account
NIHE	National Institute of Hygiene and Epidemiology
OPC	Outpatient Clinical
PAC	Provincial AIDS Center
PEPFAR	US President's Emergency Plan for AIDS Relief

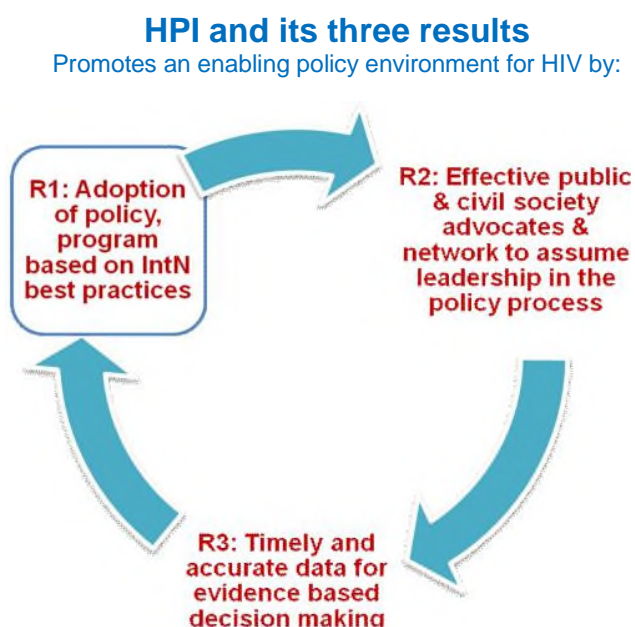
PEs	Peer Educators
PHAD	Population Health and Development Institute
PLHA	People Living with HIV/AIDS
PMTCT	Prevention of Mother-to-Child Transmission
PwP	Prevention with Positives (Positive Prevention)
RNE	Resource Need Evaluation
SCDI	Supporting Community Development Initiatives
SP	Sexual Partner
SSG	Self-Help and Supported Group
STI	Sexually-Transmitted Infection
SWs	Sex Workers
TOT	Training of Trainers
UNAIDS	Joint United Nations Programme on HIV/AIDS
USAID	United States Agency for International Development
VAAC	Vietnam Administration for AIDS Control
VCT	Voluntary Counseling and Testing

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I. SUMMARY OF HPI APPROACH AND ACHIEVEMENTS

Starting in October 2008, Abt Associates has been funded by USAID to lead Health Policy Initiative Vietnam (HPI), a project that works with government, civil society, and other stakeholders for the development and implementation of evidence-based and best practice-driven laws, policies, plans, and programs for HIV/AIDS prevention, care and treatment, and impact mitigation in Vietnam. The three key results of HPI are interlinked as shown in the following graphic:



This conceptual framework for HPI reflects a continuous data feedback loop for the support of evidence-based laws, policies, and programs in Vietnam. It also embodies the key themes of HPI's approach. These themes, and our activities and achievements during Year 2 addressing these themes, are summarized below.

□ Ensuring the policy relevance of all activities

- Development of legal documents that promote sound policies – e.g. voluntary, community-based substance abuse treatment;

- Policy advocacy based on pilot interventions – e.g. explicit inclusion of sexual partners (SPs) of injection drug users (IDUs) as most at-risk populations (MARPs) in new national and provincial HIV/AIDS strategies;
- HIV/AIDS policy training and policy advocacy for provincial and district leaders – e.g. seminars on harm reduction interventions for Party and Government leaders in Son La that helped build support by providing evidence and dispelling misinformation;
- National estimates of HIV/AIDS-related discrimination – assessing the effectiveness of policies and programs to combat discrimination against people living with HIV/AIDS (PLHA).

v' Promoting a favorable legal/policy framework for effective interventions and programs

- Assistance to ministries to harmonize laws and policies on HIV/AIDS, drug control, and sex work – e.g. the decision from the Ministry of Culture, Sport, and Tourism (MOCST) on condom provision in hotels and guest houses, and Government Decree on Family and Community-based detoxification;
- Working to establish and maintain enabling legal and policy environments for key HIV prevention interventions – e.g. created the environment and managed stakeholder roles for implementation of Vietnam's first "classic" 100% condom use program (CUP) in An Giang.

v' Strengthening the evidence base for policies and interventions

- Pilot implementation, evaluation, and documentation of HIV prevention interventions – e.g. sexual partners of IDUs in Hanoi; Positive Prevention (PP) in Hanoi, HCMC, An Giang, and Haiphong; and 100% CUP in An Giang;
- Cost-effectiveness studies – e.g. proposed study of 06 center model v. methadone treatment and other community-based treatment models;
- Expansion of A2/GOALS to Haiphong and HCMC to inform HIV/AIDS programming;
- Data use for decision-making program (just initiated) in VAAC and 7 PEPFAR provinces.

v' Building local capacity

- Organizational training and mentoring for self-help and supported groups (SSGs) interested in legal registration – a structured, stepped, and transparent approach with clearly defined goals;
- Funding of local organizations – in year 2, 26 % of HPI funds went to Vietnamese organizations;
- Training for journalists – participants published/broadcast 27 articles, the majority of which were on harm reduction interventions such as methadone treatment – and for editors in chief of key media outlets and publications. Such training helps to shape public opinion on harm reduction and other HIV/AIDS policy issues.

v' Coordinating with other partners

- Support the PEPFAR positive prevention action team – e.g. kick-off meeting of partners involved in positive prevention programming and subsequent meetings to foster coordination and standardization of PP interventions;
- Organize quarterly coordination meetings of partners involved in training/capacity building for civil society organizations;
- Coordination with other providers of HIV/AIDS-related legal services, including government agencies and international NGOs.

v' Developing sustainable responses to the HIV epidemic in Vietnam

- Plan for integration of stand-alone HIV/ADS legal services into existing general purpose legal aid centers – e.g. law school legal clinic at Vinh University, Nghe An;
- Identify the most cost effective and sustainable model for delivering quality positive prevention services – paid v. volunteer peer educators;
- Transition from international to local partners – e.g. HIV/AIDS policy training from Boston University to HCMA and subsequently to TOT participants from HCMA sub-academies;
- Application of NHA/HAPSAT and GOALS (Resource Needs Estimation tools) to develop scenarios for sustainable HIV/AIDS programming over the next 5 years.

II. PROGRESS TOWARD OBJECTIVES AND PROJECT INDICATORS

RESULT 1: ADOPTION AND IMPLEMENTATION OF NATIONAL AND LOCAL HIV/AIDS POLICIES, PLANS, AND PROGRAMS BASED ON INTERNATIONAL BEST PRACTICE

Task 1 Promoting greater consistency in the HIV/AIDS legal and policy framework in Vietnam

In year 2, HPI in collaboration with its partners the Center for Consulting on Legal and Policy on Health, HIV/AIDS (CCLPHH) and the Institute of Population, Health and Development (PHAD), continued its assistance to MOLISA, MOH, MOCST and MOJ to address gaps and inconsistencies in Vietnam's policy and legal framework on HIV/AIDS, drug control and sex work.

Highlights/Achievements

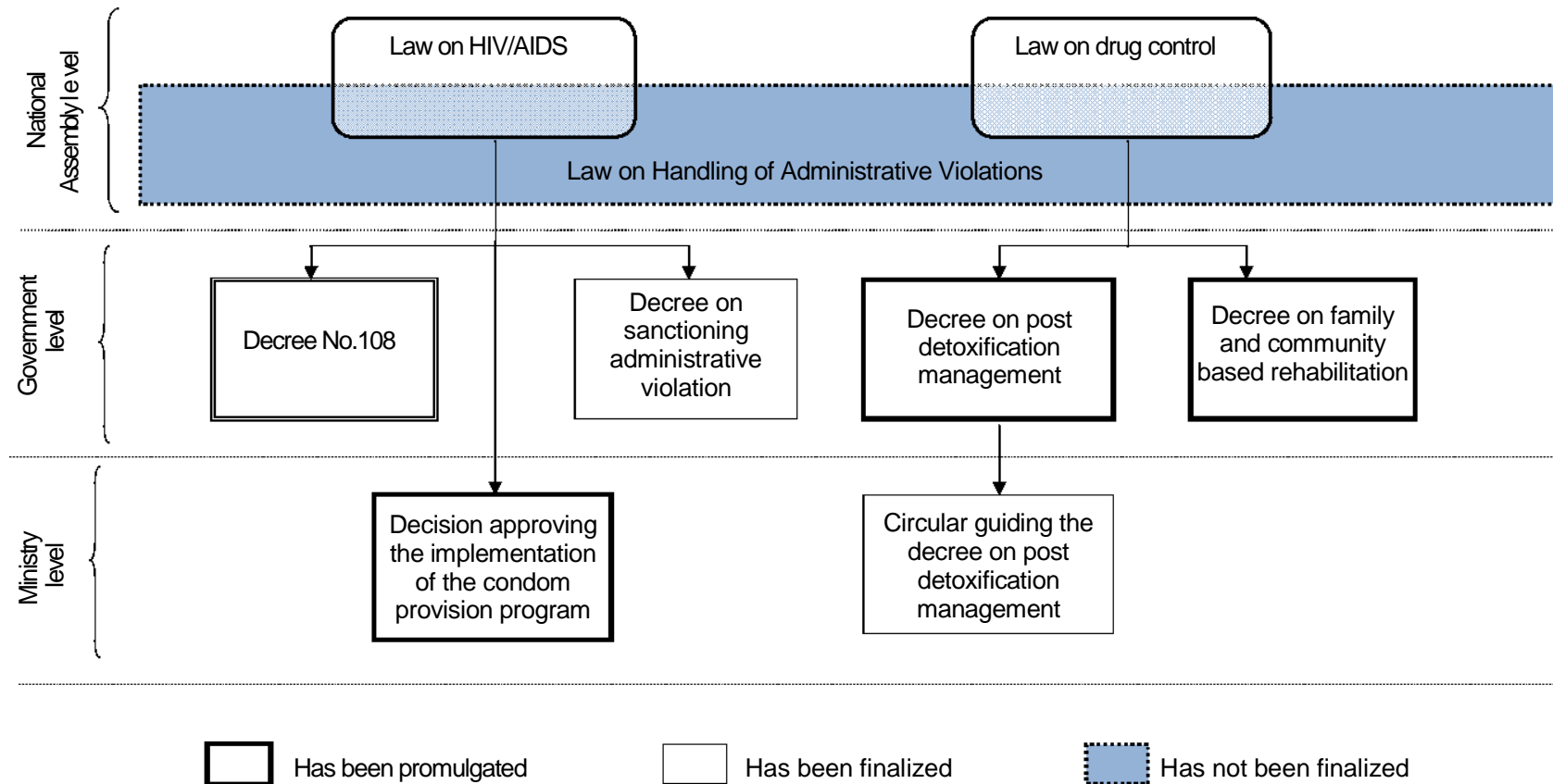
Harmonization of the legal framework has proved difficult to achieve as the government's approach to these problems continue to be somewhat divergent- drug and prostitution control emphasize law enforcement and confinement of violators while HIV/AIDS prevention emphasizes community-based harm reduction measures.

Despite the challenges, HPI continued its efforts to promote a more consistent legal and policy framework in the country. We coordinated the development and submission of comments on draft decrees, circulars and decisions under the laws on HIV/AIDS and drug control. The following are HPI's most important achievements in year 2:

- Worked with MOLISA and MOJ on drafting, reviewing, and revising decrees on post-detoxification management and on family and community based rehabilitation. These decrees have been promulgated. Following adoption of these decrees, HPI provided technical assistance to MOLISA on the development of a circular guiding the decree on post-detoxification management with a view to incorporating improvements in commitment criteria for center-based detoxification. MOLISA accepted the approach to narrow the criteria for high risk of relapse and minimize the number of people sent to O6 centers. In general, there appears to be some movement within MOLISA away from a focus on center-based detoxification and toward voluntary, community-based substance abuse treatment.
- Worked with MOCST to develop a decision, promulgated on August 17, 2010, approving condom provision programs for prevention of HIV and STI transmission in hotels and guest houses. This decision is a critical part of the enabling environment for the implementation of condom use programs in these facilities.

The legal documents to which HPI contributed are shown in the following figure.

HIV/AIDS and drug control legal documents



Challenges/Solutions

After the November, 2009 workshop on workplace HIV/AIDS prevention in Quang Ninh chaired by Deputy Prime Minister Truong Vinh Trong, the Government Office sent to related ministries an official announcement regarding the strengthening of HIV/AIDS prevention at workplaces, in which responsibilities for developing legal documents was assigned to relevant ministries. HPI made extensive efforts to work with the Ministry of Finance on the implementation of the DPM's announcement, especially with regard to improving tax incentives for hiring PLHA and MARPs and expanding HIV/AIDS programs in the workplace. However, it seems that some departments of the Ministry are not yet ready to address these issues. In Year 3, HPI will focus its efforts on working with the Government Office, which has power and influence in this matter.

Success story

HPI staff drew on their lengthy experience working with government ministries and officials and their detailed understanding of the process of developing legal and policy documents on HIV/AIDS in Vietnam to formulate a strategy for achieving needed inter-ministerial direction on condom provision programs. We realized that there would be challenges to developing an inter-ministerial circular on this subject between MOH, MOPS and MOCST since this is not called for specifically in the HIV/AIDS law or implementing decree 108. Therefore, HPI decided to take a different approach. Based on the responsibility of MOCST to oversee management of all hotels and guesthouses nationwide, HPI worked with the ministry to develop a legal document on condom promotion in these settings. We decided to work together on developing a ministerial decision approving the implementation of the condom provision program in the period 2010-2015 for prevention of HIV and STI transmission in facilities providing accommodation. This decision is a major first step towards developing an inter-ministerial circular. Issuance of the decision is also an appropriate method for strengthening the implementation of harm reduction programs and expanding the condom provision program nationwide. MOCST's decision has now been disseminated in all provinces.

Task 2 Policy and planning training

In Year 2, HPI collaborated on this task with Boston University (BU), Ho Chi Minh Academy for Politics and Administration (HCMA), and the Central Party Commission on Popularization and Education.

Highlights/Achievements

- The BU-convened international faculty worked with HPI and HCMA to adapt the existing provincial HIV/AIDS policy and planning curriculum for district leaders. This included adaptation of curriculum modules, power point presentations, and group exercises.
- The BU-convened international faculty worked with HPI and HCMA to conduct a four-day Training of Trainers (TOT) program in January 2010 for 34 participants from the Central Academy and sub-academies in Ha Noi, Ho Chi Minh City, Da Nang, and Can Tho. The purpose was to prepare faculty to present HIV/AIDS training for program implementers at the district level. Immediately following the TOT, participants were divided into 3 groups to present a two-day practice training for officials of key districts in Hanoi. The BU-convened international and HCMA faculty observed and provided feedback on the practice training.
- HPI worked with the Central Party Commission and HCMA to plan and present two policy advocacy seminars on harm reduction interventions for Party and government leaders in Son La Province in April, 2010. Son La has strongly resisted harm reduction interventions such as needle/syringe provision and methadone treatment and implemented very aggressive drug control policies based on detention of large proportions of IDUs. The seminars were designed to convince key leaders of the effectiveness of harm reduction interventions for HIV prevention and promote the implementation of such programs in Son La. The sessions were chaired by leaders of Central Party Commission, Provincial Party Committee, and Provincial People's Committee. By the end of the sessions, many of the key leaders of Son La spoke in favor of harm reduction programs, especially methadone.
- HCMA and TOT-trained faculty conducted two two-day training sessions in July 2010 for district leaders in Son La Province. Sixty-nine officials from 6 districts attended these sessions, which focused on harm reduction interventions for HIV prevention among IDUs.

Challenges/Solutions

- Careful preparation before training sessions largely determines their success. Some expected participants could not attend the practice district training because of schedule conflicts. Subsequently, better planning and follow up to ensure full attendance of all participants was carried out.

- The district training sessions conducted in Son La in July found differing levels of awareness regarding harm reduction interventions between Son La City and Moc Chau District where the second session was held. In the former, leaders had become much more enthusiastic about harm reduction but in the latter persistent low levels of knowledge – in which, for example, harm reduction was confused with social evils prevention – remain an obstacle for acceptance and implementation of these critical interventions. If possible, we will offer Moc Chau officials the opportunity to participate in further training and technical assistance on these issues.

Success Story

HPI's policy seminars played an important role in catalyzing changes in the HIV/AIDS policy of Son La province. Prior to HPI and the Central Party Commission on Popularization and Education (CCPE) jointly presenting two policy advocacy seminars on harm reduction interventions for Party and Government leaders in Son La, this province had opposed needle/syringe provision for HIV prevention. The Son La officials boasted that they had fully controlled the epidemics of HIV/AIDS and heroin injection by sending the majority of IDUs to 06 centers. Son La citizens are required to report drug users to the authorities. Furthermore, officials claimed, there had been no new initiates to heroin injection in the province for several years. These harsh policies have severely limited donors' willingness to fund interventions in Son La. During HPI's policy advocacy seminars in April 2010, some officials continued to voice claims about the effectiveness of the province's approach to drug control and advocate its continuation. However, in the face of strong international evidence of the effectiveness of harm reduction as a critical component of comprehensive HIV prevention, as presented at these seminars, a number of key leaders of the Party and government in Son La seemed to change their views and committed to strengthening harm reduction interventions. By the end of the sessions, leaders were asking for assistance from the national government and donors to implement methadone and appeared to be much more positive about needle/syringe provision. A top Party leader asked HPI for assistance in undertaking a systematic cost-effectiveness study of the Province's drug control policies. Two weeks after the seminars, the Central Party Commission sent an official letter to the Son La Provincial Standing Committee of the Party and the Provincial People's Committee requesting improvement of harm reduction interventions in Son La. Following the seminars, the Vietnam Authority for HIV/AIDS Control convened a meeting of donors in Son La and, on the basis of the changing views of provincial leaders; donors appeared more willing to fund programs in the province.

Task 3 Journalists' training

On this task HPI through its partner PHAD, collaborated with CCPE, MOCST, Ministry of Information and Communication (MOCI) and VAAC on important efforts to shape public opinion on HIV/AIDS policies and programs.

Highlights/Achievements

- Published a series of 13 articles in the newspapers and magazines of VAAC and CCPE to build public literacy about and support for key HIV/AIDS programs and to advocate for improvements in the HIV/AIDS policy and legal framework. These articles were written by leaders of the Committee of Social Affairs, National Assembly; VAAC; and Department of Administration and Criminal Laws, MOJ.
- Held four seminars in Hanoi for a total of 150 editors in-chief of national media that were chaired by a Vice Minister of MOCI. The seminars focused on the policy and legal framework on HIV/AIDS and harm reduction interventions for HIV prevention in Vietnam.
- Organized training on harm reduction interventions for HIV prevention for 25 journalists from Hanoi and national mass media. Key issues related to the HIV/AIDS legal framework and harm reduction were presented and discussed.

Success story

In collaboration with MOCI and MOSCT, HPI held a training session for journalists on May 13, 2010 in Hanoi. The session focused on harm reduction interventions for HIV/AIDS prevention.

Information on the key role of journalists in shaping public opinion, the policy and legal framework, and evidence of the effectiveness of harm reduction interventions – especially methadone treatment, needle/syringe provision and condom promotion – in Vietnam and around the world were provided to 25 journalists from a variety of national print and broadcast media. Participants were particularly interested in the discussion session with a patient from the methadone program in Hanoi who spoke powerfully of how the treatment had helped him turn his life around in many positive ways, including being able to hold a regular job and provide for his family.

Each journalist was responsible for preparing within one month a story or broadcast based on the information presented at the training session and evidence collected from the community. Within two months after the training, 27 stories had been published or broadcast in the mass media. Articles were published in over 14 newspapers, four E-journals, two magazines and

broadcast in two programs on the VOV2 system of the Voice of Vietnam. Most of the articles focused on harm reduction interventions, particularly methadone treatment. Genres included comments, interviews, and reflections of the authors focused on promoting the adoption and scale-up of harm reduction interventions in Vietnam. Special emphasis was given to methadone, the effectiveness and achievements of methadone maintenance treatment (MMT) in Vietnam and in the world, criteria that patients must meet in order to be treated with methadone, and the plans for expansion of methadone treatment in Vietnam in the future. Most of the articles used actual case examples of methadone patients to illustrate the intervention and advocated for evidence-based approaches to HIV/AIDS and substance abuse treatment in the country.

Task 4 Assisting with development of HIV/AIDS strategic plans

Highlights/Achievements

In year 2, HPI provided technical support to VAAC in the evaluation of the current HIV/AIDS strategic plan for 2005 - 2010. HPI focused primarily on the HCMC PAC work while UNAIDS took the lead in working with VAAC.

'7 VAAC:

- HPI provided support to VAAC to revise their original outline of the 2010 strategy evaluation and of its Harm Reduction section.
- In addition, HPI and HS2020 coordinated with VAAC to organize the NHA/HAPSAT launching in April and from June to August to implement three surveys to collect data needed for NHA/HAPSAT. HPI successfully advocated VAAC to apply the HAPSAT (HIV/AIDS Program Sustainable Analysis Tool) to develop more sustainable scenarios for HIV/AIDS programming in Vietnam.
- Abt/HPI also provided VAAC, UNAIDS and World Bank the results from Abt's 7-year Cross-Border HIV Prevention Project for IDUs in Lang Son Province for use in an impact evaluation of harm reduction programs in Vietnam being sponsored by VAAC.

'7 HCMC PAC:

- HPI closely coordinated with FHI to provide intensive support to HCMC PAC in their evaluation of the current strategic plan (to 2010) and development of their new strategy/action plan (to 2015).

- HPI conducted an orientation meeting, three consultation/update meetings, and three 3-day intensive working/training sessions for all key PAC staff (about 24 staff from six core teams) on developing the data needed to evaluate the HIV/AIDS action plan for 2005-2010. Dr. Le Truong Giang, Permanent Vice Chairman of the HCMC PAC was personally involved in six of the seven events and expressed his special thanks to USAID, FHI and HPI.
- **NHA/HAPSAT:** Abt Associates (HS2020) and HPI, in collaboration with CCRD, conducted the PLHA survey and health facility survey in 17 provinces. We are awaiting the results of UNAIDS's National AIDS Spending Assessment (NASA). Results of all three are needed to populate the HAPSAT model and complete the NHA's HIV sub account.

Challenges/Solutions

- The work with HCMC PAC was time consuming and required intensive support from HPI. However, through the work with HCMC PAC, HPI was able to: (1) advocate for timely and accurate data to be used for evidence-based decision making, appropriate use of available data to formulate appropriate responses to the epidemic, policy-making, programming, and budget allocation; (2) Train key PAC officials to use the results of A2 and other studies and updated IBBS findings on prevalence, behavior and coverage of the minimum package of services for IDU, FSW, and MSM to formulate improved policies, programs, and resource allocations; and (3) Develop human resource and capacity for a sustainable action plan.
- Lesson learned from HPI's work with HCMC PAC can also be applied to our ongoing work with other PACs on the "Data use for decision making" program (see task 11).

Task 5 Intervention for Sexual Partners of IDUs

The intervention for sexual partners (SP) of IDUs (former or current residents of 06 centers/prisons and other IDUs in the community) in four districts of Hanoi continued in year 2. The project focuses on reaching women in HIV serodiscordant or unknown status relationships. The interventions include: peer outreach; individual and small group counseling; regular client meetings; discussions on shared experience and topics of interest (such as reproductive health, drug use and relapse, and domestic violence); referrals to HIV/AIDS and STI services (VCT, OPC). In year 2, women's clubs were maintained to serve as drop-in centers and offer

counseling, commodities, informational materials, and gathering places for discussions. The project supported mobile VCT and STI check-ups at the women's clubs.

Highlights/Achievements

- In year 2, the project reached more than 1,500 clients, thereby meeting the annual target.
- Three day refresher training was held for PEs and district coordinators (DCs) to improve group discussion skills, knowledge of reproductive health and lower-risk sexual practices. In this training, PEs, DCs, and project managers also evaluated the 2-year progress and discussed plans for the 3rd year of the intervention.
- The results of the 12-month follow up survey showing persistently low rates of condom use in SPs' relationships led us to make some adjustments to the interventions to offer alternate risk reduction strategies, including lower risk sexual activities and encouragement of HIV+ male partners to seek treatment if appropriate and maintain high adherence once on ARVs ("treatment as prevention").
- The 24 month follow up survey was completed in June 2010 and initial analyses revealed increases over the 12-month survey in HIV testing (from 39% to 65% of SPs having been tested) and VCT uptake (65% of SPs referred to VCT actually appeared for the service), and some increases in self-reported frequency of condom use (from 21% to 38% of SPs reporting condom use at last sex).
- In the entire year, there was only one reported HIV seroconversion among clients. This offers some evidence suggesting the effectiveness of the interventions.

<i>Sexual partner indicators</i>	
Number of individual clients	1,504
Number of client contacts	14,238
Number of VCT referrals	696
Number of other service referrals	2,358
Number of client attended regular client meeting.	1,663
Number of condom provided	41,952

Challenges/solutions

- We faced a turnover rate of >40% among PEs in the last twelve months which required intensified efforts on training and coaching.

- Supervisors and PEs are now more alert to factors that may cause client drop out such as changes in residence, family obstacles and HIV seroconversion. As a result they are able to engage in discussions with the clients and work with them to address the challenges they may be facing in continuing with the program.
- The percentage of clients who report consistent condom use has increased but still remains quite low. We will continue to promote alternate risk reduction and prevention strategies as well as continuing to work for higher rates of condom use.

Success story

HPI's focus is to highlight critical and emerging HIV/AIDS policy issues. One way we do this is by piloting interventions addressing important gaps in coverage of at-risk populations and key gaps in HIV/AIDS policies and programs. An example is HPI's pioneering of HIV prevention interventions for sexual partners of IDUs. In designing and implementing these interventions, we have faced challenges, including the discovery that too few of our female clients were seeking HIV testing even though most of them were in very high risk relationships. Our PEs were able to recognize and address the two major reasons for the low VCT uptake rates among clients. The first reason is that, although these women knew the importance of being tested for HIV, the majority of them were unable to spare the time from their jobs and caring for their families to attend VCT. In the words of some clients: "when God is still looking after our health, we must earn as much money as possible, and then care for our health". The second challenge is that many clients have to travel long distances to testing facilities and are afraid of facing stigma and/or discrimination there.

To address these two problems, HPI collaborated with another program that is providing mobile VCT services and thereby made VCT services more convenient and accessible for SP clients. When at least 10 clients in a district were ready to be tested, mobile VCT services were offered at the district women's health club. Many of these sessions were held on Sundays, so that the women could attend without having to take time away from their jobs. The environment at the women's clubs was very comfortable for the clients; they were able to interact with each other in private and have the opportunity to share personal experiences. This atmosphere attracted more clients. The joy and happiness that the clients (most of whose primary male sexual partners were HIV positive) expressed on receiving negative HIV test results touched the hearts of our project staff and PEs and made them all the more determined to encourage more women to be tested.

In Year 2, HPI organized 14 mobile VCT sessions that served 199 clients. As a result, VCT uptake among the clients of the SP program increased substantially from previous years. Based on these positive results, HPI will continue to offer mobile VCT services in the future.

Task 6 100% Condom Use Program (CUP) in An Giang

HPI has helped to coordinate Vietnam's first classic 100% CUP in An Giang since April 2009. HPI's role is not to deliver the interventions on the ground – this is done by other partners – but to develop and maintain the necessary partnerships and supports from authorities and stakeholders so that the program can achieve its objectives. HPI works to foster local authority involvement and coordination between donors, partners and civil society.

Highlights/Achievements

The strong commitment of EE owners and local authorities and the active participation of the police have made an important difference in terms of condom use in project sites. In addition to police participation, coordination of implementing partners in the HIV program in An Giang offers important lessons. HPI helped to obtain the approval of the intervention by the Provincial People's Committee as well as the PPC's order that the police take the lead in monitoring implementation of the program. Thus, the police are responsible for monitoring compliance with an HIV prevention program in establishments that are engaged in illegal activities. Inspectors of DOLISA (the department responsible for prostitution control) also participate in the monitoring of EEs. These are significant achievements and require a delicate balance of priorities. Specific achievements include:

- 373 EEs signed the commitment, exceeding the target.
- PEs of FHI projects are now more easily accessing the staff of EEs on the list maintained by the 100% CUP.
- Monitoring reports indicated that 98-99% of EE participated in the program by having condoms in their facilities either at the front desk or in the rooms.
- The monitoring also revealed that the connection between PSI's condom social marketing program and EEs has been established; total condom sale increased from 186,624 in the first 6 months of 2009 to 211,128 in the first 6 months of 2010.

Challenges/solutions

- Free condom distribution is still limiting sales of socially marketed condoms in 100% CUP sites. HPI will work with partners and stakeholders to develop a coherent and consistent condom provision plan for all categories of EEs and street-based SWs in An Giang;
- A problem for achieving full coverage of EEs is the lack of an enforcement mechanism and sanctions for non-participation and non-compliance. HPI will continue to work for development and promulgation of an inter-ministerial circular on condom provision programs that includes such an enforcement mechanism and sanctions.

RESULT 2: STRENGTHENING AND SUPPORT FOR EFFECTIVE PUBLIC SECTOR AND CIVIL SOCIETY ADVOCATES AND NETWORKS TO ASSUME LEADERSHIP IN THE POLICY PROCESS

Task 7 Build the capacity of PLHA groups and other CSOs

In collaboration with our partner, the Center for Community Health Promotion (CHP), HPI continued to build the organizational capacity of self help and supported groups (SSG) interested in pursuing full legal registration in Vietnam. We employ a structured, stepped, and transparent approach with clearly defined goals, as shown in the graphic below.



Highlights/Achievements

- HPI carried out two rounds of training in our cycle of SSG capacity building. Sixty five SSGs applied for the second round of training on project proposal writing and 21 were chosen through a competitive evaluation process following on-site supervision and coaching. Sixty-three participants from these 21 groups attended the training on proposal writing. During the session, each group developed its own proposal on capacity building and then submitted the final versions to HPI within 2 weeks of completion of the training. Sixteen SSGs (12 PLHA groups, 3 MSM groups [two of whose participation is supported by UNAIDS], and 1 IDU group) were selected based on the quality of submitted proposals and their performance during the course. These 16 groups (48 total participants) then attended the training course on project management. HPI provided small grants (about \$US 380/each) to the 16 SSGs that participated in the project management course to implement their own projects on capacity building from August 2010 to January 2011. Additionally, beginning in September 2010, a second round of on-site technical supervision and coaching was provided to these groups on the implementation of their capacity building projects.
- In collaboration with UNAIDS, HPI developed a handbook detailing the procedures, options, and pros and cons of seven options for SSGs to obtain legal registration. Five hundred copies of the handbook were distributed to SSGs and relevant agencies. Three dissemination and policy dialogue workshops were organized in Hanoi, Hai Phong and HCMC with the participation of 82 SSGs as well as other agencies and sectors. Three organizations that had been successful in obtaining legal registration were invited to these workshops to share their experiences and strategies.
- Two SSG coordination meetings were conducted with the participation of different international and local capacity building agencies including UNAIDS, PACT, Care, ISDS/SCDI, VNP+, FHI, CHP, COHED, Chemonics, VSO and VICOMC. In coordination with other stakeholders such as Care and UNAIDS, HPI supported SSGs to submit proposals to other donors and to participate in training provided by other organizations.

Challenges/solutions

For various reasons, some SSGs had to withdraw from the capacity building program in midstream. This resulted in the loss of opportunity for other SSGs that were interested in the program. In the future, if there is an opportunity to implement another cycle of SSG capacity building, HPI will address this problem by increasing the number of SSGs selected at each stage

as well as permitting other SSGs who are not involved in the program from the beginning to join at later stages provided that they meet selection criteria.

Success Story

HPI's comprehensive capacity building initiative for SSGs can easily be distinguished from programs being implemented by other organizations. In addition to providing training on important topics such as group facilitation, proposal writing and project management, HPI ensures that the SSGs receive systematic supervision and coaching, both on site and by telephone and email, between training sessions. HPI also provides small grants to SSGs which gives them opportunities to practice skills acquired from the training through the design and implementation of their own capacity building projects. Many of these projects have focused on the development of SSGs' management boards. Additionally, the legal registration handbook and policy dialogues with groups that have been successful in obtaining legal registration enable SSGs to access necessary information and guidance as well as learn from the experience of other groups.

In other words, the HPI program is not just providing another "one-off" training, but rather a structured competitive and transparent program, whose goal is to help SSGs to become empowered and well functioning entities qualified to obtain legal registration. This carefully designed and comprehensive approach is reflected in the broad announcement and solicitation of applications, evaluation and selection of SSGs at each stage in a transparent manner, and detailed training of selected SSGs, followed by ongoing supervision and coaching. All information related to the program, including tools and training curricula, is well documented. In addition, HPI has made it a point to coordinate its efforts with other agencies so as to assist participating SSGs to have broader opportunities and avoid duplication of efforts. This collaboration is evident from the fact that, with technical assistance from the HPI, one SSG submitted a proposal and received a small grant for organizational development from another donor.

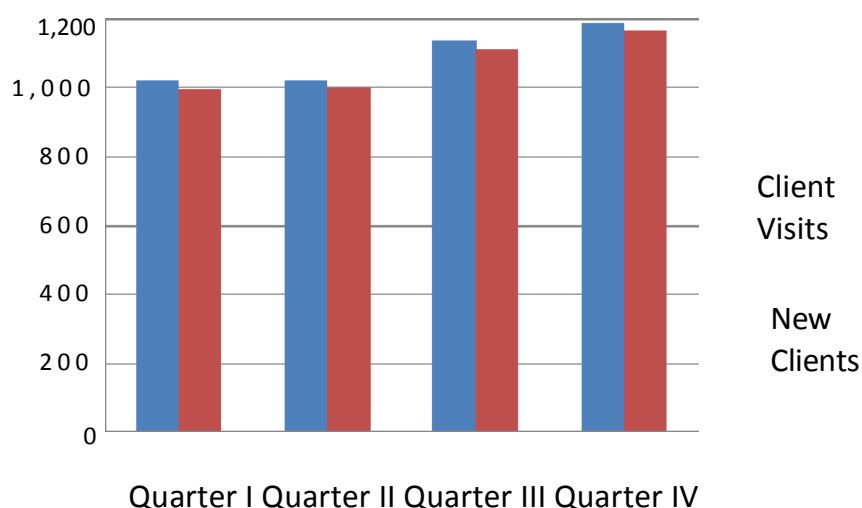
Task 8 Legal aid to adults and children facing HIV stigma and discrimination

HPI collaborates with CCLPHH and provincial lawyers associations on the provision of HIV/AIDS legal services.

Highlights/Achievements

- The number of client visits and new clients accessing the 5 legal clinics and hotline increased steadily during the past quarters; the figures (as shown in the graph below) in Quarter 4 (1,189 visits and 1,168 clients) both increased by 17% as compared to Quarter I (1,021 visits and 995 clients).
- Office facilities for the clinics were upgraded, including arrangement of more private spaces for counseling.
- The 5 clinics carried out 232 mobile legal outreach visits to PLHA groups HIV/AIDS service providers, 06 centers and prisons, and other settings.
- HPI designed standard - format posters, name cards and leaflets with success stories, which were made widely available to HIV/AIDS services providers and potential clients in all 5 provinces served by the legal clinics.
- HPI staff facilitated the coordination and cross-referral of clients between the legal clinics and Positive Prevention programs in Ho Chi Minh City, An Giang and Hai Phong; the legal clinic team in HCMC also worked closely with the Transitional Program for 06 center returnees to provide needed legal services to people being released to the community.

**Number of Client Visits & New Clients Accessing
the Legal Clinics and Hotline in Year 2**



Services of 5 legal clinics and the national hotline in Year 2:

Location	Client Visits	New Clients	Age < 18	Legal Aid	HIV/AIDS Legal Counseling					
					Work place	Marriage/family	Education	Social protection	VCT, care treatment	Civil, criminal issues & others
Hotline	1948	1946	0	0	4	44	17	38	24	733
Hanoi	866	839	40	149	43	71	18	70	102	330
Quang Ninh	367	365	67	94	33	29	10	33	51	211
Hai Phong	330	322	46	39	18	47	15	82	41	123
HCMC	380	344	33	141	16	40	7	39	125	110
An Giang	474	456	58	166	11	55	9	58	216	98
Total	4365	4272	244	589	125	286	76	320	559	1605

Challenges/solutions

- Although the number of clients accessing the 5 legal clinics and hotline increased steadily in Year 2, it remains true that far fewer PLHA access legal service than could potentially benefit from it. One of the reasons for this is that many PLHA are still afraid of having their status revealed and thus may be hesitant to seek assistance from the legal clinics. HPI continues to work closely with the legal clinic teams to ensure that they follow proper procedures to protect clients' confidentiality. As mentioned, HPI also helped the legal clinics organize mobile legal dissemination visits to reach larger numbers of clients and will further expand this outreach in year 3.
- The leaders of some 06 centers and prisons were initially reluctant to allow the lawyers and PLHA counselors from the legal clinics to carry out mobile legal dissemination inside their facilities. HPI recommended that the legal clinics discuss this issue with DOLISA or Volunteer Youth Force in their Advisory Board meetings. With the support from those government agencies, the legal clinics of HCMC, An Giang, Quang Ninh and Hai Phong succeeded in organizing mobile legal dissemination inside 06 centers and prisons.

- Sustainability of the legal services is a continuing challenge. In year 3, HPI will explore and prepare methods to integrate HIV/AIDS legal services into existing general purpose legal aid centers. We are entering into an agreement with Vinh University to provide HIV/AIDS legal services in its law school-based legal aid center.

Success Story – An Giang legal clinic

A 30 year old male client came to An Giang legal clinic on July 8th, 2010 to consult with a lawyer on how to apply for a monthly allowance from the local government for his 4-year-old daughter who is living with HIV. The man is also living with HIV and his wife died from AIDS last year. As a construction worker, he supports his daughter with a very limited income and lives in a remote village with little access to health care facilities.

The lawyer at the clinic counseled the young man on the benefits that his daughter can receive based on Decree 67/2007/ND-CP and Decree 13/2010/ND-CP. The following week, the clinic staff discussed the daughter's case with responsible officials at Vinh Phu Commune People's Committee, Thoai Son District Health Center and DOLISA. The discussion and engagement resulted in the Thoai Son DOLISA officials being persuaded to include the family in the list of monthly allowance beneficiaries starting in August 2010. This allowance will enable the young man to look after his daughter and provide for her until she becomes an adult.

The clinic staff also persuaded local authorities to issue the client a "poor household" card, which means that he and his daughter will be eligible for other social benefits from the government. The young man greatly appreciated the legal clinic's support which helped him overcome the difficult challenges in raising and supporting his daughter within his limited means.

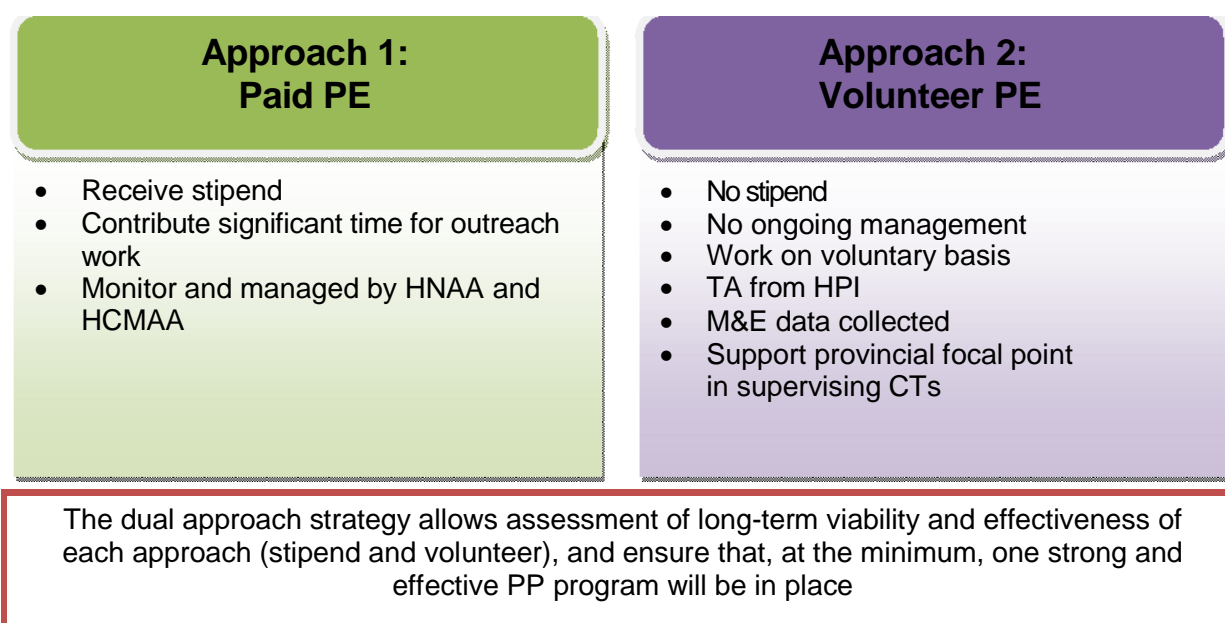
Task 9 Positive Prevention

In year 2, HPI began to implement positive prevention interventions in four provinces: Hanoi, Hai Phong, An Giang and HCMC. Our objective is to inform policy by generating evidence regarding the most effective and sustainable models. Local subcontractors including the Hanoi HIV/AIDS Association (HNAA), Ho Chi Minh City HIV/AIDS Association (HCVAA) and Institute of Population, Health and Development (PHAD) supervised and supported the peer educators who delivered these interventions. These peer educators worked in the community to provide individual counseling, group discussion, free condoms and IEC materials, and HIV/AIDS related service referrals (to VCT, PMTCT, OPC, STIs clinics, OI clinics, and legal clinics). They also provided the clients (PLHA and relevant MARPs) with HIV prevention messages and referrals on sexual risk reduction, HIV testing, care and treatment, home-based care, family planning and other social supports. These PEs are all affiliated with PLHA groups and reach the targeted

clients through these groups and their other networks. To ensure the quality of the interventions, HPI gives special emphasis to capacity building for peer educators through frequent technical assistance, training, and monitoring.

In order to identify the most sustainable and cost effective model in the future, HPI is currently implementing the PP interventions using two approaches -- paid PEs (Hanoi and HCMC) and volunteer PEs (Hai Phong and An Giang) -- as depicted below.

Figure 2: Two approaches – one result



Highlights/ Achievements:

- In year 2, HPI reached 2,888 clients, exceeding the annual target of 2,800. More than 37,000 condoms were distributed by the PEs.
- A manual on positive prevention for peer educators and IEC materials (sets of illustrated case scenarios) for facilitating group discussions were designed and disseminated.
- More than 3,100 referrals were made by PEs to VCT, OPC, STI services, PLHA groups, legal clinics, PMTCT programs and other services.
- HPI also supported the PEPFAR PP action team to hold meetings of partners involved in PP in order to achieve more standardization and coordination in PP interventions.

Challenges/Solutions

- The large geographic coverage of the program necessitates tight supervision, especially in Hai Phong and An Giang.
- It is difficult to persuade many PLHA in need of ARV treatment to access it in a timely manner because of self-stigma and fear of disclosure of status.
- Peer educators in Hai Phong and An Giang have asked for stipends similar to those being paid in Hanoi and HCMC. While at this juncture HPI cannot change the models to accommodate these requests, we will accelerate the comparative evaluation so the most cost-effective approach can be identified as soon as possible.

RESULT 3: DEVELOPMENT AND DEPLOYMENT OF TIMELY AND ACCURATE DATA FOR EVIDENCE-BASED DECISION MAKING

Task 10 Expand use of A2 and GOALS Model

Highlights/Achievements

- In Year 2, HPI held several meetings with Hai Phong PAC leaders and staff to validate the data inputs for the GOALS Model in Hai Phong and completed the GOALS draft technical report. Once FHI completes the Asian Epidemic Model (AEM) for Hai Phong in October 2010, HPI will link the AEM with GOALS to generate policy scenarios for Hai Phong's HIV response.
- During 3 working meetings in March, July and September 2010, HPI trained and helped key staff of Ho Chi Minh City AIDS Committee to apply a Resource Needs Model for costing HIV/AIDS programs for the coming action plans. HPI will also work with FHI to link the model with AEM to generate policy scenarios for HCMC's HIV/AIDS response (Please also see Task 4: Assisting with development of HIV/AIDS strategic plans).

Challenges/solutions

- The resource needs estimation exercise required very high commitment and intensive effort from PACs. HPI had to work closely with various PAC staff during several working meetings to acquire proper quality data for the model.

Task 11 Mobilize evidence for policy changes

This task includes several sub-activities, as described below. In implementing this task, HPI works with different partners: PHAD, FHI, VAAC and the PACs in the PEPFAR focus provinces.

1. Cost-effectiveness study

HPI and PHAD went through a process of assessing the most important HIV/AIDS-related interventions for a cost-effectiveness study. We concluded that comparative cost and effectiveness of the 06 center model versus methadone treatment and other community-based treatment is an extremely important policy issue in Vietnam, and that a rigorous study and subsequent advocacy using the evidence may be required to resolve it. At the request of USAID, HPI has drafted a concept note for such a cost-effectiveness study based on intensive internal discussion about the best design and this note was submitted to USAID on October 29, 2010.

2. Upgrade VAAC website

With HPI's support, the current version of the VAAC website operates stably with new well-designed functions such as search capability for HIV/AIDS legal documents, updated research reports, and solicitation of opinions from visitors to the site. Through the end of September 2010, there were 433,000 visitors to the website from all provinces, and 20,000 from other countries.

Challenges/Solutions:

- ☐ It is critical to monitor the VAAC website regularly and update the information on the site. However, the one part-time VAAC staff and one PHAD support staff assigned for the upkeep of the website are insufficient and more staff are needed to effectively maintain and update the website.
- ☐ All information posted to the website must be approved by the VAAC director, which sometimes causes delays.

3. Support provincial institutional capacity and human resource development in using data for decision making (DDM)

The DDM program is designed to help PACs and the VAAC embrace a "culture" of using data for decision making on HIV/AIDS programs and budget allocations and to develop the skills needed to do so. Important features of HPI's approach include development of DDM "core teams" in the

PACs composed of staff from M&E and finance and planning departments and making possible the application of the human resources needed to do the work of DDM on a continuous basis by supporting dedicated staff in the PACs and VAAC. Key achievements in year 2 include the following:

- HPI received official letters from VAAC and 6 PACs (Ha Noi, Hai Phong, Nghe An, HCMC, Can Tho and An Giang) expressing strong commitment to the DDM program.
- In collaboration with FHI, an orientation workshop was organized on July 28, 2010. There were 60 participants from the following: PEPFAR; VAAC; Directors, Managers of Planning & Finance and M&E departments of PACs in 7 PEPFAR provinces; NIHE and Regional Institutes; and other stakeholders and partners such as UNAIDS, WHO, and MEASURE.
- Through a competitive process, Innovative Soft Development (ISD) was selected to be a local subcontractor for the DDM program. An international consultant (Dr. Gaston Arnolda) was also selected to serve on the DDM technical team.
- The assessment protocol and tools were developed and we finished field work in 7 PEPFAR provinces in September and October 2010. The report will be submitted in November 2010. Findings and recommendations from the assessment will be used to design the DDM program framework and inform the training program.
- HPI recruited 2 full time DDM staff for VAAC (one at the planning and finance department and one at the M&E department) and 5 full-time DDM staff at the provincial level (1 DDM staff for each PAC). These staff members will be funded through our subcontractor PHAD and will not be government employees. The SOW for DDM staff has been drafted and agreed upon by the PAC and VAAC leaders and with the commitment that PACs and VAAC will fully integrate these staff into national HIV/AIDS structure and employ these staff with national funding when HPI support for these positions expires.
- From September 27 to October 1, the first DDM training course was organized in Ha Noi. There were 55 trainees from VAAC, DDM Core teams from 7 PEPFAR provinces, potential DDM partners such as Ha Noi School of Public Health, Regional Institutes (HCMC Pasteur Institute, Nha Trang Pasteur Institute, Tay Nguyen Institute). The training team came from the East-West Center, FHI, and HPI.
- After the first training, the FHI/HPI technical team will travel to each PAC to provide technical assistance and ongoing coaching on how to apply the newly learnt skills in data use practices. The first round of on-site mentoring and coaching has been

planned from the fourth week of October through the first two weeks of November 2010.

- The second DDM training will be organized in Can Tho from 6-10 December

2010. **Challenges/Solutions**

- It is challenging to maintain the core DDM team at the PACs, especially because PAC employees are often assigned to other tasks. HPI needs to obtain firm commitments from PAC leaders to keep the same team for DDM program and ensure that they are dedicated to this work. In addition, the team sent to subsequent DDM trainings needs to be consistent.
- Level of data use capacity varies from province to province. HPI needs to take this into consideration when designing training curricula as well as providing ongoing mentoring/support.
- Quang Ninh has not yet committed to the program. Given this situation, HPI plans to collaborate with the PAC to encourage them fully to engage in the DDM program. Regardless of the outcome, HPI will continue to invite their key staff to the DDM training sessions.

Task 12 System for monitoring implementation of the HIV/AIDS law and incidents of HIV/AIDS-related discrimination

HPI collaborated with Boston University (BU) on this task.

Highlights/Achievements

- As part of the NHA/HAPSAT exercise (see Task 4 above) a nationally representative survey of PLHA was carried out to gather data on out-of-pocket health expenditures. The survey covered 17 provinces and had a total sample of 1,200. Data collection was carried out during July – August, 2010. The survey also included questions regarding types of discrimination experienced – e.g. in education, health care, employment, HIV testing, unauthorized disclosure of HIV test results/HIV status. To supplement the survey, BU carried out 2 focus group discussions – with male and female PLHA – in each of the 7 PEPFAR focus provinces. Data from the PLHA survey and focus groups will be supplemented with data on numbers and types of matters brought to HPI-supported legal clinics.

- Data analysis is underway and results will be presented at dissemination workshops early in 2011.
- Results and findings from the survey will be useful in assessing and revising programs designed to combat HIV/AIDS related stigma and discrimination. Our hope is that the PLHA survey can be repeated in year 4, so that HPI can begin developing a time series for ongoing assessment of programs and progress.

Challenges/Solutions

- There were some delays in implementing the PLHA survey, as a result of which the analysis and presentation of results had to be pushed.

III. ACHIEVEMENTS AGAINST PEPFAR INDICATORS

Sub-Area / Indicator / 1st Disaggregation	Gender	Age	Total
P7: PwP			
P7.1.D - Number of People Living with HIV/AIDS (PLHA) reached with a minimum package of Prevention with PLHIV (PwP) interventions	All	All	2888
P8: Sexual Prev			
P8.2.D - Number of the targeted population reached with individual and/or small group level HIV preventive interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required	All	All	1504
P8.4.D - Number of targeted condom service outlets			48
C05: Support Care			
C5.5.D - Number of eligible adults and children provided with protection and legal aid services			4272
	All	<18	244
		18+	4028
H02: HRH			
H2.2.D - Number of community health and para-social workers who successfully completed a pre-service training program	All	All	101
H2.3.D - Number of health care workers who successfully completed an in-service training program			296
17-HVSI Strategic Information	All	All	23
18-OHSS Health Systems Strengthening	All	All	273

IV. PROJECT ADMINISTRATION

1. Staffing



2. Subcontractors

Early in year 2, CHP was chosen to replace COHED following the latter's withdrawal late in year 1 due to staffing shortages. CHP is working with HPI to carry out the training and mentoring activities for our SSG capacity building task. Thus far HPI has enjoyed working with CHP and CHP has provided timely and high quality work. In Year 2, with CHP's help, all SSG activities were implemented according to plan.

PHAD had more responsibilities in year 2 with added work on Positive Prevention and Policy Advocacy. As part of its responsibilities, PHAD monitored PP activities in Hai Phong and An Giang and worked with the Central Party Commission to hold policy advocacy seminars for high ranking leaders in Son La Province.

In year 2, three new partners signed sub-contracts with HPI: Hanoi HIV/AIDS Association and Ho Chi Minh City HIV/AIDS Association for management of the PP activities in these cities and ISD for training under the DDM task.

The switch from ISDS to SCDI as implementing partner for the SP task in the middle of year 2 did not affect the ongoing activities as the key staff remained the same.

3. Challenges/Solutions

Due to the number of staffing changes in year 2, there were some increases in workload for existing staff resulting from the gaps between staff departures and start dates of replacements, as well as from expansion of the scope of work and associated incremental funding. However,

HPI's strong commitment to the overarching goals and the tasks at hand helped us to achieve solid results during year 2 in both the technical and administrative aspects of the work.

V. INFORMATION ON BUDGET AND EXPENDITURES

FINANCIAL REPORT

For period from October 2009 to September 2010

A	B	C	D = A-C
Cumulative Funding Obligation to Date	Total Expenditures from October 2009 to September 2010 (including accruals)	Cumulative expenditure as of September 2010	Pipeline
██████████	██████████	██████████	██████████